

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000075616

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** TAMPA HEIGHTS MEDICAL CENTER, LLC.

**Current Principal Place of Business:**

405 E. PARK AVE.  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

405 E. PARK AVE.  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 26-3152731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDREASEN, ALLAN  
3925 MOORES LAKE ROAD  
DOVER, FL 33527 US

**Name and Address of New Registered Agent:**

ANDREASEN, ALLAN  
5517 VAN DYKE ROAD  
LUTZ, FL 33558 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WEIR, FAITH  
Address: 405 E. PARK AVE.  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FELDER, FAITH  
Address: 405 E. PARK AVE.  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FAITH FELDER

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date